CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

Nº 2

SFUND RECORDS CTR

PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler)
None (print or type): VESLOCK CO	Name (print or type): All AMERICAN OIL COMPANY
Pick up Address: 133 44 S. MAIN ST LA Gode No.	Business Address: 8655 So. Main Street, Los Angeles 90009 de Mar
(Number) (Struct), (City) Telephone Number: P.O. on Contract Mass	Telephone Number: 213) 759-6145 Pick Up: (61ty) Time: : pm
Order Placed by: Date:	State Liquid Waste Hauler's Registration No. (if applicable)
Type of Process	Job No.: 04/4 No. of Loads or Trips: Unit No.: PG
which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drillingCode-Mo.	Wilcle: Degeme truck Derrele, Delathed Pother 15/1
wastemater treatment, pickling bath, petroleum refining)	The described waste was hauled by me to the disposal. (specify)
DESCRIPTION OF WASTE (Must be filled by producer)	fact May named below and was accepted. I certify (or declare) under penalty
Check type of wastes: 1. Acid solution 8. Tank bottom sediment	of perjury that the foregoing is brue and correct.
2. Alkaline solution 9. 4 01 5 2 3. Pesticides 10. Drilling sud	DISPOSER OF WASTE (Must be filled by disposer).
4. [] Paint sludge 11. [] Contaminated soil and sand 5. [] Solvent 12. [] Cannery waste	Name (print or type): 109171717
6. ☐ Tetraethyl lead sludge 13. ☐ Latex waste 7. ☐ Chemical toilet wastes 14. ☑ Mud and water	Site Address: 24 Tree Chille Val Minh Trick and Total
15. Brine Ca.	The hauler appre delivered the described waste to this dished I ricilety and
Other (Specify) Code No.	The hauler argue delivered the described waste as this deposal racine we and it was an acceptable material under the tages of MACE requirements state. Department of Health regulations, and lates represent the regulations.
Components:	Quantity measured at site (if applicable):
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % pps	Handling Method(s):
organics (list), cyanide) 1. NONE	Trecovery .
	treatment (specify):
	(Examples: incinetation, invited fractor, practition)-God, No.
<u> </u>	other (specify):
· H H	If waste is held forestisposal elsewhere apprify final location. Disposal Date:
	I certify (or declare) under penalty
Necessary Proposed to at Market	of perjury that the foregoing in true
Haserdous Properties of Waste: pH	Signature of authorized agent and vivi
Bulk Volume:	The site operator shall submit a legible copy of mach completed Record to the State Department of Health with monthly fee reports
Containers: (Number)	
Physical State:	
	ASRSCOATE ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSE
The waste is described to the best of my ability and it mas delivered to	
a licensed liquid waste hauler (if applicable).	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
I certify (or declare) under penalty of perjury that the foregoing is true	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
and forrect.	D.O.T. Proper Shipping Name